



June 3, 2019

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1716-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Re: CMS-1716-P; Fiscal Year 2020 Hospital Inpatient Prospective Payment Systems (IPPS)

Dear Administrator Verma:

Thank you for the opportunity to provide comment on the FY 2020 IPPS Proposed Rule. I am a board-certified Interventional Cardiologist specializing in structural heart disease. The Cardiology Associates of East Tennessee is a member of Covenant Health, a community-owned health system that provides comprehensive health services in Knoxville, Tennessee. Our cardiology services perform lifesaving procedures with advanced technologies to a vulnerable patient population with advanced heart failure. Our patients benefit from innovative care such as circulatory support devices, which bill under DRG 215 and the FY 2020 proposed rule reduces payment for this population by 29% which is a 43% decrease over 3 years.

In understanding how the payment rate is generated I came to recognize the proposed payment does not accurately reflect the cost of care. In the data provided for the rule making, the total cost of care for a pVAD patient is \$67,500, however, the reduction of 29% from the FY 2019 rate would bring the national average reimbursement rate below the cost of care.

One of the issues identified in the costing of DRG 215 is that 68% of the claims included in the calculation did not have a charge for the device itself. In trying to understand how this can occur it has been made clear that the numerous changes by the American Hospital Association (AHA) Coding Clinic have directly impacted our ability to reflect cost of care properly.



I am concerned to see such a significant decrease in the proposed relative weight for MS-DRG 215. Such a drastic decrease in payment rate would challenge our hospital's ability to appropriately manage these patients. The possible compromise of access to care of this vulnerable population would be would poorly serve our patients.

I ask that in order to preserve our ability to provide access to life saving care for our patients you maintain the FY 2019 weight of DRG 215 until the data becomes more reliable.

I appreciate your attention to this matter.

Sincerely,

Ayaz M. Rahman, M.D., F.A.C.C
Director, Parkwest Structural Heart and Valve Center
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Knoxville, TN 37923